TMA

Uniform Business Office

MAC ENHANCEMENT

Medical Affirmative Claims (MAC)

FRIDAY 28 October 2005 at 1100 eastern and

MONDAY 31 October 2005 at 1100 eastern

Terri Boyd TMA/UBO support and Lt Col Jeanne Yoder

Dial In - 866-748-4757

Conf code – 6575714514#

Anticipated length: 60 minutes - this provides adequate time for questions and answers.

Objectives

- Understand the Medical Affirmative Claims (MAC) program and issues
- Know what has changed due to the enhanced MAC module
- Know how to use the enhanced MAC module
- Be able to share knowledge with the appointment clerks/intake technicians

What is MAC

<u>Medical Affirmative Claims</u> (MAC)

is the Military program for recovery of costs to the Federal government due to injuries and diseases for which a third party is responsible

Important Facts about MAC

- Involves the billing of **all** forms of liability insurance
  - e.g., motor vehicle accident (MVA), on the job injury, dog bite, slip and fall
- Affects **all** beneficiaries, including Active Duty, where a third party is responsible for the bill
- Uses the Champus Maximum Allowable Charge (CMAC) rate
  - Use FY2003 rates until new rates are published by Office of Management and Budgeting (OMB)

MAC Enhancement

Purpose of the System Change Request (SCR):

- Identify possible liability cases
- Capture, store and link specific clinical data/codes related to injury and accident information
- Generate good reports
- Meet Compliance regulations

Previous Process/Issue

- Injury/Accident field in the Ambulatory Data Module (ADM) was only populated by coders and providers
- No access to field by clerks/intake technicians

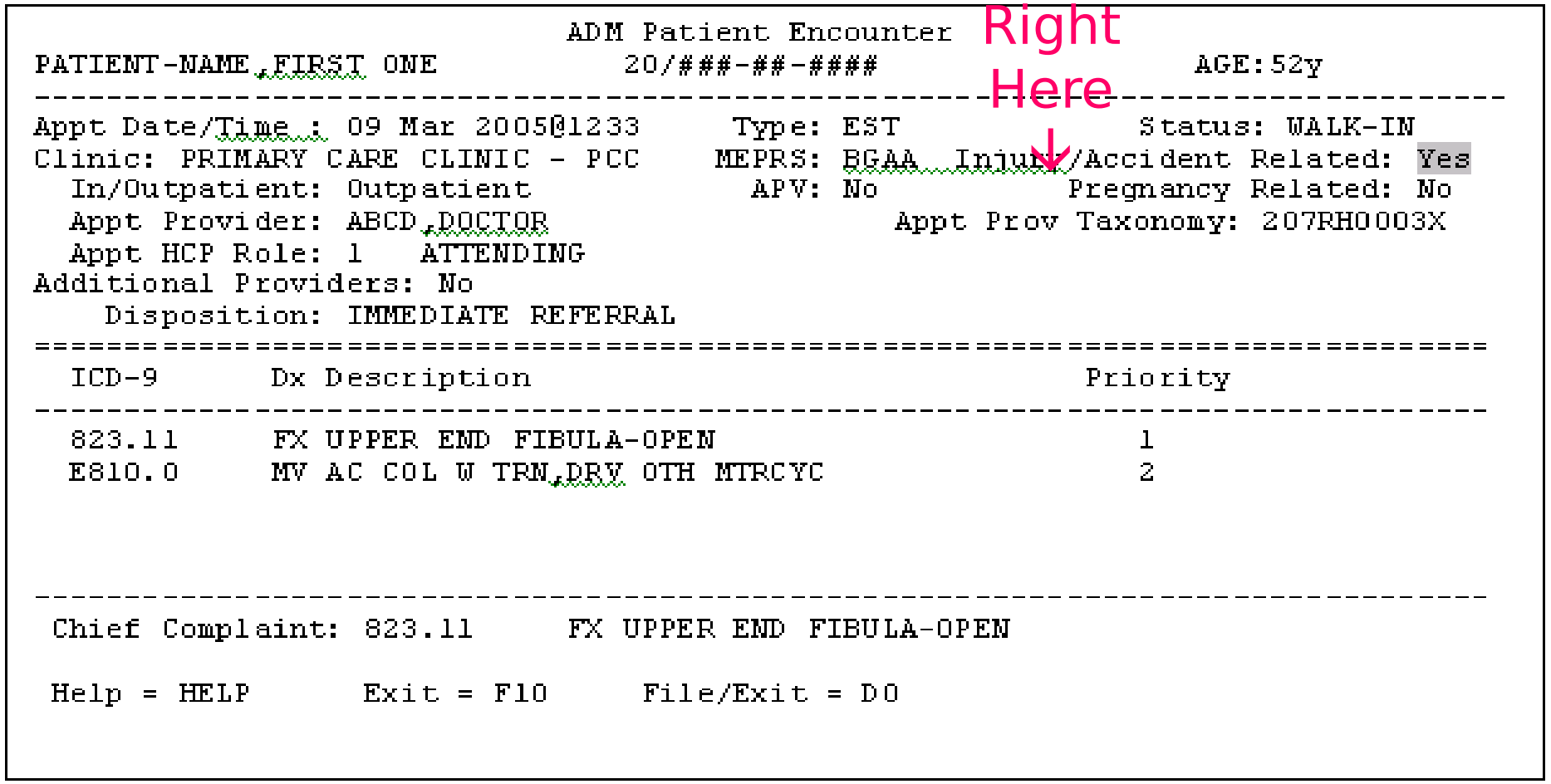
  during patient appointment
- Liability cases were being missed

Ambulatory Data Module (ADM)

Modified/Expanded fields:

- Medical Affirmative Claims (MAC) Indicator Flag
- Place of Employment
- Place of Injury/Accident

Sample ADM Encounter Screen


ADM Patient Encounter
Right Here
PATIENT-NAME,FIRST ONE 20/###-##-#### AGE:52y
Appt Date/Time : 09 Mar 2005@1233 Type: EST Status: WALK-IN
Clinic: PRIMARY CARE CLINIC - PCC MEPRS: BGAA Injury/Accident Related: Yes
In/Outpatient: Outpatient APV: No Pregnancy Related: No
Appt Provider: ABCD,DOCTOR Appt Prov Taxonomy: 207RH0003X
Appt HCP Role: 1 ATTENDING
Additional Providers: No
Disposition: IMMEDIATE REFERRAL
ICD-9 Dx Description Priority
823.11 FX UPPER END FIBULA-OPEN 1
E810.0 MV AC COL W TRN,DRV OTH MTRCYC 2
Chief Complaint: 823.11 FX UPPER END FIBULA-OPEN
Help = HELP Exit = F10 File/Exit = D0

Next Screen

```
                ADM Patient Encounter - Injury related Data
PATIENT-NAME, FIRST ONE          20/###-##-####                        AGE: 52y
-------------------------------------------------------------------------------
Appt Date/Time: 09 Mar 2005@1233     Type: EST              Status: WALK-IN
        Clinic: PRIMARY CARE CLINIC - PCC                   MEPRS: BGAA
===============================================================================
  Inj/Accident Related: Yes
    Date of accident: 05 Mar 2005
Injury cause code #1: Auto Accident
Injury cause code #2: EMPLOYMENT
Injury cause code #3:
 Geographic Location: TX   TEXAS
 Place of Employment: Standard Oil Transportation Depot, LA.
Place of Inj/Accident: hwy 281 at ext 457

Injury data is required for ICD9 codes:  E800-E999

Geographic Location is collected only for auto accidents.
Place of Employment is collected only for employment related accidents.
An Injury Related answer of 'YES' requires at a minimum the Date of Accident,
Injury Cause Code #1, and Place of Inj/Accident to be populated.

 Help = HELP      Exit = F10     File/Exit = D0
```

Patient Appointing System (PAS)

New Fields:

- Injury/Accident related indicator
- Date of Injury/Accident
- Injury Cause Code (max of 3 codes)
- Geographic Location (State code/Country)

  (Where MVA happened, not where treated)
- Place of Employment
- Place of Accident

Current Problems

- Identification of MAC potential cases
  - Obtaining compliance with Injury Log completion
- Closing and forwarding MAC cases to legal
- Ensuring ALL applicable services are included in the package to legal

Flags to Find Possible **MAC** Services

- When the appointment is made, the query “Is this appointment related to an Injury/Accident? N//” will appear
  - Flag defaults to “No”
  - “Yes” will change the “Injury/Accident Related” flag
- Question appears when using:
  - Unscheduled Visit (USV)
  - Health Care Finder Booking
  - Individual Patient Check-in
  - End of Day (EOD)

Collection by Appointment Clerk/ Intake Technician

Enter/Edit Injury/Accident Information

Patient: NAME,PATIENT APPT DATE/TIME: 01 DEC 2004@0900

Is this related to an Injury or Accident? : Yes

Date of accident: 26 Oct 2004 **(this is a mandatory field if "yes" is answer)**

Injury cause code #1: Employment **(optional)**

Injury cause code #2: AutoAccident

Injury cause code #3:

Geographic Location: NY **(mandatory if automobile accident, need for billing; defaults to location of MTF but can be modified)**

Place of Employment: Atlantic Oil Co. 703-681-3492 **(54 character free text field)**

Place of Injury/Accident: WORK, BACK DOCK OF LOAD BAY #5 703-681-3492 **(mandatory, 54 character free text field)**

Select (F)ile or (E)dit :F//

“Yes” to Injury Query

Injury Cause Code (optional)

- AA – Auto Accident, then the Geographic Location prompt will default to the division’s geographic location, but will be editable by the user
- AP – Another Party Responsible
- EM – Employment, then free text for place of employment
- OA – Other Accident

Your Homework – Conduct In-Service

When this program update is fielded

(1 Nov 2005, at your site to load)

- Do in-service for appointment clerks
  - Stress how important it is to know about accidents
    - Dr Chu identified preventing accidents as a priority
    - AF wants to know who is injured during PT training
    - MAC needs to know about injuries for potential billing

Your Homework – Conduct In-Service

Give hints on what you need

- OTHER entity responsible for the injury!!
  - Who was it? Name? Address or telephone?
- If nobody else was responsible
- If deployed when it happened, what country? OIF, OEF?
- If at work, are they a contractor to the federal government or civil service

Your Homework – Conduct In-Service

Give hints on what you need

- Was care provided earlier at another MTF? MTF and doctor's name? Other civilian facility? Facility and doctor's name?
  - "Treated previously at BAMC ER"
- If motor vehicle accident, was the patient the driver or passenger
- Current home and work telephone numbers (if number is not the same as DEERS, either go to DEERS web site and fix, or enter in a free text field)

Your Homework – Conduct In-Service

Free text fields and “Yes/ No”
are NOT part of the medical record

Even if the patient changes his story when he sees the doctor, the “Injury/Accident” field can be changed in the ADM

- Fields can be modified by the in-take technician and the provider
- Once ADM is completed, injury/accident data for that encounter can’t be changed

Your Homework – Conduct In-Service

- Let appointment clerks know that when the patient is booked for a f/u or scheduled appointment, computer will look back 6 months
- "Is this appointment related to a PREVIOUS Injury/Accident? Y//"
  - Will display data from last appointment so it only needs to be accepted, or can be updated (for this appointment only)

F/U appointment / Pop Up

```
Is this appointment related to an Injury or Accident?  NO// Y (Yes)

    Date of Accident:  18 Feb 2005
    Injury cause code #1:  OTHER ACCIDENT
    Injury cause code #2:
    Injury cause code #3:
     Geographic Location:
    Place of Employment:
    Place of Inj/Accident:


Is this appointment related to the PREVIOUS Injury shown above?  YES//
```

New ADM Coding Screen

ADM Patient Encounter
PATIENT,ATTENDING 20/000-00-0001 AGE:24y

Appt Date/Time : 26 Oct 2004@1330 Type: ACU Status: KEPT
Clinic: Primary Care Clinic MEPRS: BHAA **Injury/Accident Related: Yes**
In/Outpatient: Outpatient APV: Yes Pregnancy Related: No
Appt Provider: DOCTOR,ATTENDING
Appt HCP Role: Attending
Additional HCP: No
Disposition:
==========
==========
ICD-9 Dx Description Priority

Chief Complaint:

October 2005 “Helping Frontline Users Perform Their Day-to-Day

Arrow up, select “Edit”

ADM Patient Encounter – Injury/Accident Related Data
PATIENT,INJURED 30/208-60-9027 AGE:37y

Appt Date/Time : 27 Oct 2004@1330 Type: ACUT Status: KEPT
Clinic : PRIMARY CARE CLINIC - FO MEPRS : BGAA
==========
Date of accident: 26 Oct 2004
Injury cause code #1: **Employment**
Injury cause code #2: **Auto Accident**
Injury cause code #3:
Geographic Location: **NY**
Place of Employment: Atlantic Oil Co. 703-681-3492 **(This field is 54 characters, free text)**
Place of Injury/Accident: **(Required entry, free text, 54 characters maximum)**

Valid Injury ICD9 codes are: E800-E999

Geographic Location is collected for all accidents/injuries.

New Requirements - Coding

Modifies the requirement introduced to support the HIPAA 837 Claims Processing project requiring the entry of Injury related data when ICD-9 external causes of injury and poisoning (E800 through E999) are entered in the ADM encounter.

- Not necessary to have ICD-9 in the 800-999 series
- Could be a follow-up from downtown ER, so the correct ICD-9 could be a V54.x
- Could be something like 724.2 lumbago
- Could be asthma for E869.4 Accidental poisoning by second-hand tobacco smoke (in injury free-text area collect if parent, care giver, etc.)

New Requirement - Coding

HIPAA 837 requirement: If 'No' is entered in the 'Injury Related' field, but ICD-9 codes are entered in the range of E800 to E999.99, the 'Injury Related' field will automatically change to 'Yes' and the system will prompt the user to fill in the Injury Related information before filing the encounter screen.

- This business rule implied that if you entered 'Yes' in the 'Injury Related' field that at least one ICD-9 code must be in the range E800 to E999.99 [deleted].
  - This could be a follow-up at same MTF. As the E-code is ONLY used for the first encounter, you could have "injury related" with a "yes" but would NOT have a E-code.
- CHCS shall allow the entry of MAC Injury related data in the ADM encounter for any ICD-9-CM code(s) with or without the entry of the External Causes code(s) (E-codes).

Coding Requirement

There is a requirement to code inpatient professional services in an “A” MEPRS account.

Code injuries in the inpatient professional services encounter just like the outpatient professional services encounter.

Old Coding Requirement

E-coding

- If this is the FIRST encounter at this MTF for this injury, code up to three applicable E-codes.
- E-codes are not primary codes so they will be in the 2, 3 or 4th code position

Injury Log Requirement

The requirement is still there

- But, it is next to impossible to get staff to fill it out
- The new reports will help you identify potential MAC patients.
  - If the E-codes are used, and the “Injury/Accident” flag are used, you will have an idea of which patients to contact to obtain information to fill out injury log

Reports Available to MAC Clerk

Use reports to identify initial encounters for injuries.

- Determine if possible MAC (someone else responsible who might have insurance, of if the individual had insurance that might cover this such as active duty member in a one-vehicle automobile accident and he has automobile insurance)
- If possible MAC case, contact the patient for enough data to complete Injury Log which will be sent to Legal for determination

Report Fields Available to MAC Clerk

Patient Name
Patient SSN
FMP & Sponsor SSN
Sponsor Name
Patient Date of Birth
Patient Work Telephone Number
Patient Home Telephone Number
Date of Injury
Cause Code(s) (Up to three cause codes per encounter visit)
Place of Injury **(free text field)**
Place of Employment **(if applicable, free text field)**
Geographic Location (if applicable)
MEPRS Code(s)/Clinic Description(s)
Date of Service for each visit
Provider Name
Provider CHCS Specialty Code
Provider HIPAA Provider Taxonomy code
Provider CHAMPUS Maximum Allowable Charge (CMAC) class
E&M Code(s) for each visit with applicable Modifier (up to three modifiers per E&M Code)
ICD-9-CM Code(s) for each visit **(Only ICD-9-CM codes with a priority of 1, 2, 3 or 4)**
CPT/HCPCS Code(s) for each visit with applicable Modifier (up to three modifiers per CPT/HCPCS Code)
Diagnosis level indicators assigned to each CPT/HCPCS code(s)

Patient Name | Patient DOB | Patient SSN | Home Telephone | Work Telep
Squarepants,S-Bob | **17 DEC 1974** | **###-##-####** | **###-###-####** | **###-###**
FMP/SPONSOR SSN: **##/###-##-####** SPONSOR NAME: <PAGE BREAK ON NEW

Date or Injury/Accident: **26 NOV 2004** Injury/Accident Cause Code(s): **OA/AA/EM** Geographic Location: **V**
Place of Injury/Accident: **Home accident with lawnmower**
Place of Employment: **First Company**
23 MAR 2004 MEPRS/CLINIC NAME PROVIDER: SPECIALTY CODE:
TAXONOMY CODE: CMAC:
DX 1: E800.00 DX 2: ####.## # DX 3: ####.## # DX 4: ####.## #
E&M 1:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
E&M 2:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
E&M 3:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###

Patient Name | Patient DOB | Patient SSN | Home Telephone | Work Telep
Name,Patient | 17 DEC 1974 | ###-##-#### | ###-###-#### | ###-###
FMP/SPONSOR SSN: ##/###-##-#### SPONSOR NAME:
25 MAR 2004 LABORATORY MEPRS/NAME HCPCS: ########
LABORATORY MEPRS/NAME HCPCS: ########
LABORATORY MEPRS/NAME HCPCS: ########
23 MAR 2004 RADIOLOGY MEPRS/NAME HCPCS: ########
23 MAR 2004 PHARMACY MEPRS/NAME NDC:########### QTY DISPENSED: #######.##
01 APR 2004 PHARMACY MEPRS/NAME NDC:########### QTY DISPENSED: ###
30 MAR 2004 MEPRS/CLINIC NAME PROVIDER: SPECIALTY CODE:
TAXONOMY CODE: CMAC:

DX 1: E800.00 DX 2: ####.## # DX 3: ####.## # DX 4: ####.## #
E&M 1:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###
CPT/HCPCS:##### DX LVL: MOD 1: ### MOD 2: ### MOD 3: ###

To Generate the Report

A new CHCS Security Key

ADM MAC Report will be added

- To control access to the MAC report option to request the report.
- Search criteria will be limited to the division into which the user is currently logged in. To run the report for another division to which the user has access, the user must switch divisions before entering the desired search criteria.
- The report will include all divisions to which the user has access or what has been defined for the user in the CHCS User file.

Menu Path to Generate Report

MENU PATH: ADS>2>MAC
STYL User Prompt Style
1 Appointments with No ADM Records by Clinic
2 ADM Patients with 3rd Party Insurance
3 ADM Compliance Report
4 ADM Records with Unresolved Coding Issues
5 Interface Transmission Status of ADM Record
6 Encounter Summary Report by Clinic/Provider
7 For Clinic Use Only Report
8 Encounter Specific Code Report by Clinic/Provider
9 Top Number Encounter Report
10 Appointment/Encounter Count Report
11 Patient Encounter Records Report
MAC Medical Affirmative Claims Services Report

Report by Appointment or Injury Date

Search by (A)ppointment date or (I)njury date? A//

- The default will be Appointment date. When selected the prompts will display as shown below:

Enter Appointment Start date://

Enter Appointment End date://

- The user will be limited to selecting a 60 day period for which to generate the report.

Search by positive Injury Related Answers?Y//

- The default will be "Yes." A "NO" response will include both MAC flagged and non-MAC flagged data.

The date prompt will be displayed as follows:

Enter Injury Start Date://

Enter Injury End Date://

Report by SSAN

Search by Patient (O)ne, (M)ultiple or (A)ll: A//
Enter Patient: NAME,PATIENT
Enter another Patient: 001011000

- SSN will be entered without special characters such as dashes.
- The user will be able to enter either the patient name or the patient or sponsor SSN and a pick list of patients with matching name or SSN or first letter of the last name and the last four digits of the SSN.
- **Examples:**

Select PATIENT NAME: NAM <or> **N1000** <or> **001011000** <or> **NAME,PATIENT**

1 NAME,BENJAMIN JARET 20/001-01-1000 12 Apr 1969 M FO5 PSP
2 NAME,HANNAH A 01/001-01-1000 13 Jul 1990 F
3 NAME,KIMBERLY C 30/001-01-1000 12 May 1971 F

Report by Diagnosis Series

Search on Diagnosis: (O)ne , (M)ultiple, (R)ange, (A)ll or Quit//

Selection of (O)ne allows the user to enter a single code and the first three characters or any portion of user input will be used as the variable for matching any of the numerical or alpha-numerical codes regardless of the ICD-9 code activation status. A minimum of three characters will be required for the search to be specific. The prompt for (O)ne code will display as follows:

Enter First Part of ICD9 Code:// 850

Codes will display as pre-selected and the user may deselect codes to exclude.

Enter First Part of ICD9 Code:// 850

Diagnoses Selection

CODE ACTIVATION STATUS DESCRIPTION
[----------]
850.0 ACTIVE 01Jan80 CONCUSSION W/O COMA
850.00 ACTIVE 01 Oct 03 CONCUSSION W/O COMA W/O LOC
*850.1 INACTIVE 01Oct03 CONCUSSION-BRIEF COMA
850.11 ACTIVE 01Oct03 CONCUSS W LOSS CONSC 30 MIN/<
850.12 ACTIVE 01Oct03 CONCUSS W LOSS CONSC 31-59 MIN
850.2 ACTIVE 01Jan80 CONCUSSION-MODERATE COMA
850.3 ACTIVE 01Oct01 CONCUSSION-PROLONG COMA
850.4 ACTIVE 01Oct01 CONCUSSION-DEEP COMA
850.5 ACTIVE 01Oct01 CONCUSSION W COMA NOS
850.9 ACTIVE 01Jan80 CONCUSSION NOS

Range of Diagnoses

The selection of a diagnosis range or "R" will display the prompt to the user to enter a beginning and ending ICD-9 code range.

Enter First Part of ICD9 Code to Start:// 850

Enter First Part of ICD9 Code to End:// 870

Select Printer for Report

Output to (E)xport/Import file or (P)rinter? P//

The default will be “Printer”.

Selection of the output option “Printer” will allow the user to send the report to the print spooler, screen, or printer. The print format of the report will be landscape, 132 columns, and compressed font.

- The device prompt displayed to the user allows for the following output paths. Bold italics show the user input to the responses.

Printing to screen or home will return these prompts.

Select DEVICE: <Return>

Sorting...

Report displays to the screen in 132 columns and compressed font.

Spooling Report

Printing to a Spool device or file will allow the report to be retained for a 7 to 14 day period depending on the host defined parameter for the Spool device. The user may enter a different start time for the report to be created or accept the default. The system will display these prompts to the user.

Select DEVICE: QUEUE TO PRINT ON

DEVICE: SPOOL

Select SPOOL DOCUMENT NAME: *MAC report 01 OCT04-31 OCT 04*

Are you adding 'MAC REPORT 01 OCT 04-31 OCT 2004' as a new SPOOL DOCUMENT? *y* (YES)

EXPIRATION DATE: 16 Dec 2004//

Requested start time: NOW// (*01 Dec 2004@0827)*

TASKED SUCCESSFULLY (994184)

Press <RETURN> to continue

Alerting Staff that Record is a MAC Record

Need to ensure ALL encounters have documentation

Need to ensure medical record is not transferred to another facility without alerting new facility that record is a MAC record

Can mark record (Green 3x5 index card with “MAC do not keep overnight” stapled to front of record)

Can put second “cover” over the regular file cover

Can have in separate “File Room” in CHCS (and kept separately or in the main record room)

When kept separately, have charge out in main record room to collect loose paperwork

Closing MAC Cases

Use reports to identify MAC cases that have not had an encounter related to the injury in 30 days

Contact Primary Care Manager to see if injury issue is resolved

If resolved, forward MAC billing package to legal

Forwarding MAC Cases to Legal

- Use reports to identify ALL possible services related to the injury
- Check medical record to make sure documentation is available
- Check with RMO to see if MTF paid for any related civilian consults, referrals or other procedures
- Check for TRICARE services

How to Use the Reports

Diagnosis level indicators assigned to each CPT/HCPCS code(s)

- The diagnosis level matches the procedure to the diagnosis
- Work with your provider POC to determine which laboratory tests, radiology procedures, and other services apply to the injury

External Cause Of Injury Codes (E-Codes)

Only used the first time services are received in relation to the injury/accident at your MTF. For instance:

- If seen in the ER then followed-up in FPC, would only expect to see it on the ER encounter
- If a parent is a tobacco user, would only see it coded once, even if the child is only with that parent in July and December

ICD 800-999 Codes

- The initial treatment is usually coded with an injury code, such as 812.02 Fracture of humerus,closed, anatomical neck
- Follow-on encounters will be coded with V-code such as V54.11 Aftercare for healing traumatic fracture of upper arm
- If you see codes in the 800-999 range repeated in multiple visits, contact coding and ask them to review the documentation and coding
  - It could be a new injury each time, but incorrect coding is usually the reason

ICD Codes

- Some injury codes are not in the 800-999 range
- Sprains, strains and pain – 717-729.9
- Residual foreign bodies

Some Initial Injuries Will Not Have Useful E-code

- Blisters or abrasions, with or without mention of infection
- Could use E849.9 Unspecified Place of Occurrence (which takes time to collect and provides no information)
- Most ICD-9 codes between 800 and 999 will have useful E-codes

Understanding CPT Codes

Be very careful with modifiers

If a patient is seen at a civilian ER for a fracture, say the humerus, the code would be 23600-54 (to show the operative procedure only)

Then the patient is followed up in our Orthopedic Clinic, for the first follow-up you would code 23600-55 for all the post operative care (the code would only be used the first time, then the uncomplicated post operative care would be coded with 99024)

Only bill for the modified code, not the base code.

Summary

Major problems with MAC

- Identifying potential MAC cases
- Closing out MAC cases and forwarding to Legal

Enhanced MAC module

- Appointment clerks and technicians can collect free text to help you screen injury patients
- Able to see all injury related encounters to screen for completed care and identify all services for a patient

E-codes are only used for initial encounter

Questions?

Contact the UBO Help Desk

ubo.helpdesk@altarum.org

703-575-5385